

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
04-14

2. STATE
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☒ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR §110(c)(3)

7. FEDERAL BUDGET IMPACT:
a. FFY '04 \$0
b. FFY '05 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 44-44e
Att. 3.1-B, pp. 43-43e

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

same

Minnesota (04-14)
approved: 11/05/04
effective: 10/01/04

10. SUBJECT OF AMENDMENT:
Audiology Services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
// Mary B. Kennedy – signature //

16. RETURN TO:
Stephanie Schwartz
Minnesota Department of Human Services
Federal Relations Unit
444 Lafayette Road No.
St. Paul, MN 55155-3852

13. TYPED NAME:
Mary B. Kennedy

14. TITLE:
Medicaid Director

15. DATE SUBMITTED:
September 24, 2004

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 24, 2004

18. DATE APPROVED:

11/5/04

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME: Cheryl A. Harris

22. TITLE: Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

Coverage of **speech and language therapy services** is limited to:

- (1) Services provided upon written referral by a physician or licensed practitioner of the healing arts within the scope of the practitioner's practice under state law, or, in the case of a resident of a long-term care facility, on the written order of a physician as required by 42 CFR §483.45.
- (2) Services provided by a speech language pathologist or a person completing the clinical fellowship year required for certification as a speech-language pathologist under the supervision of a speech-language pathologist.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
- (4) Services that are:
 - (A) Restorative therapy and are provided to a recipient whose functional status is expected by the physician or licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or
 - (B) Specialized maintenance therapy provided to a recipient whose condition cannot be maintained or treated only through rehabilitative nursing services or services of other care providers, or by the recipient because the recipient's medical condition(s) result in:

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

- (i) Decreased functional ability compared to the recipient's previous level of function;
- (ii) Decreased abilities relevant to the recipient's current environmental demands; or
- (iii) Health and safety risks for the recipient.

Specialized maintenance therapy must meet at least one of the following:

- (i) prevents deterioration and sustains function;
 - (ii) for a chronic or progressive medical condition, provides interventions that enable a recipient to live at his or her highest level of independence; or
 - (iii) provides treatment interventions for a recipient who is progressing but not at a rate comparable to the expectations of rehabilitative and therapeutic care.
- (5) For long term care recipients, services for which there is a statement in the clinical record every 30 days that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.

Speech-language pathologist is defined as a person who has a certificate of clinical competence in speech-language pathologies from the American Speech-Language-Hearing Association and meets the state licensure and registration requirements for the services the person provides.

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **speech-language therapy services** does not include:

- (1) Services that are not documented in the recipient's health care record.
- (2) Services by more than one provider of the same type for the same diagnosis unless the service is provided by a school district as specified in the recipient's individualized education plan.
- (3) Services that are furnished by a provider eligible to enroll with Medicare, but not enrolled with Medicare, or, in the case of dual eligibles, furnished by a provider who does not first bill Medicare.
- (4) Services that are provided without written referral.
- (5) Services not medically necessary.
- (6) Services that are not part of the recipient's plan of care.
- (7) Services provided in a nursing facility, ICF/MR or day training and habilitation services center if the cost of speech-language pathology has been included in the facility's per diem.
- (8) Services provided by a speech-language pathologist other than the pathologist billing for the service, or a person completing the clinical fellowship year under the supervision of the pathologist, unless the pathologist provided the service as an employee of a rehabilitation agency, long-term care facility, outpatient hospital, clinic, or physician; in which case, the agency, facility or physician must bill for the service.
- (9) Services provided by an independently enrolled speech language pathologist who does not maintain an office at his or her own expense.
- (10) Services provided to dual eligibles by an independently enrolled speech language pathologist.

Coverage of **hearing (audiology) therapy services** is limited to:

- (1) Services provided upon written referral by a physician or other licensed practitioner of the healing arts within the scope of the practitioner's practice under state law.

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

- (2) Services provided by an independently enrolled audiologist who maintains an office at their own expense or an audiologist who is employed by and providing audiology services in a hospital, rehabilitation agency, home health agency, or clinic.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary at least once every 60 days by the attending physician or other licensed practitioner of the healing arts. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or physician's delegate as required by Medicare.
- (4) Restorative therapy provided to a recipient whose functional status is expected by the physician or other licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period.
- (5) For long term care recipients, services for which there is a statement in the clinical record every 30 days by the audiologist providing or supervising the services that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.
- (6) Services provided in the independent audiologist's own office, recipient's home, nursing facility, ICF/MR, or day training and habilitation services site.

Audiologist is defined as an individual who ~~has a certificate of clinical competence from the American Speech Language Hearing Association and meets the state licensure and registration requirements for the services the person provides~~ requirements in 42 CFR 440.110(c)(3).

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **hearing (audiology) therapy services** does not include:

- (1) Services that are not documented in the recipient's clinical record, even if the services were authorized by a physician.
- (2) Training or consultation provided by an audiologist to an agency, facility, or other institution.
- (3) Services provided by an audiologist other than the audiologist billing for the services, or a person completing the clinical fellowship year under the supervision of the audiologist, unless the audiologist provided the services in a hospital, rehabilitation agency, home health agency, or clinic, or as an employee of a physician or long-term care facility; in which case the contracting or employing facility, agency, or person must bill for the services.

Hearing aid services: After a physician rules out medical and surgical contraindications, the physician refers the recipient for an audiologic evaluation. An audiologist or otolaryngologist provides audiologic testing, and if a hearing aid is indicated, prescribes a specific hearing aid offered under the hearing aid volume purchase contract or refers the recipient to a hearing aid services provider.

Payment is made to hearing aid services providers for hearing aids, dispensing fees, hearing aid repairs, accessories, ear molds when not provided with the hearing aid and batteries.

Coverage of **hearing aids** is limited to:

- (1) One monaural or one set of binaural hearing aids within a period of five years unless prior authorized. A hearing aid will not be replaced when the recipient has received a replacement hearing aid twice within the five year period previous to the date of the request.
- (2) Non-contract hearing aids require prior authorization.

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **hearing aids** does not include:

- (1) Replacement batteries provided on a scheduled basis regardless of their actual need.
- (2) Services specified as part of the contract price when billed on a separate claim for payment. This includes any charges for repair of hearing aids under warranty.
- (3) Routine screening of individuals or groups for identification of hearing problems.
- (4) Separate reimbursement for postage, handling, taxes, mileage, or pick-up and delivery.
- (5) Nonelectronic hearing aids, telephone amplifiers, vibrating bed alarms, phone handsets, visual telephone ringers, swim molds, ear plugs, dry aid kits, and battery chargers.
- (6) Maintenance, cleaning, and checking of hearing aids, unless there has been a request or referral for the service by the person who owns the hearing aid, the person's family, guardian or attending physician.
- (7) Loaner hearing aid charges.
- (8) Canal type hearing aids.
- (9) A noncontract hearing aid that is obtained without prior authorization.
- (10) Services included in the dispensing fee when billed on a separate claim for payment.
- (11) Hearing aid services to a resident of a long-term care facility if the services did not result from a request by the resident, a referral by a registered nurse or licensed practical nurse who is employed by the long-term care facility, or a referral by the resident's family, guardian or attending physician.
- (12) Hearing aid services prescribed or ordered by physician if the physician or entity commits a felony listed in United States Code, title 42, section 1320a-7b, subject to the "safe harbor" exceptions listed in 42 CFR 1001.952.
- (13) Replacement of a lost, stolen or damaged hearing aid if MA has provided three hearing aids in the five years prior to the date of the request for a replacement.

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

Coverage of **speech and language therapy services** is limited to:

- (1) Services provided upon written referral by a physician or licensed practitioner of the healing arts within the scope of the practitioner's practice under state law, or, in the case of a resident of a long-term care facility, on the written order of a physician as required by 42 CFR §483.45.
- (2) Services provided by a speech language pathologist or a person completing the clinical fellowship year required for certification as a speech-language pathologist under the supervision of a speech-language pathologist.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
- (4) Services that are:
 - (A) Restorative therapy and are provided to a recipient whose functional status is expected by the physician or licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or
 - (B) Specialized maintenance therapy provided to a recipient whose condition cannot be maintained or treated only through rehabilitative nursing services or services of other care providers, or by the recipient because the recipient's medical condition(s) result in:

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

- (i) Decreased functional ability compared to the recipient's previous level of function;
- (ii) Decreased abilities relevant to the recipient's current environmental demands; or
- (iii) Health and safety risks for the recipient.

Specialized maintenance therapy must meet at least one of the following:

- (i) prevents deterioration and sustains function;
 - (ii) for a chronic or progressive medical condition, provides interventions that enable a recipient to live at his or her highest level of independence; or
 - (iii) provides treatment interventions for a recipient who is progressing but not at a rate comparable to the expectations of rehabilitative and therapeutic care.
- (5) For long term care recipients, services for which there is a statement in the clinical record every 30 days that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.

Speech-language pathologist is defined as a person who has a certificate of clinical competence in speech-language pathologies from the American Speech-Language-Hearing Association and meets the state licensure and registration requirements for the services the person provides.

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **speech-language therapy services** does not include:

- (1) Services that are not documented in the recipient's health care record.
- (2) Services by more than one provider of the same type for the same diagnosis unless the service is provided by a school district as specified in the recipient's individualized education plan.
- (3) Services that are furnished by a provider eligible to enroll in Medicare, but not enrolled with Medicare, or, in the case of dual eligibles, furnished by a provider who does not first bill Medicare.
- (4) Services that are provided without written referral.
- (5) Services not medically necessary.
- (6) Services that are not part of the recipient's plan of care.
- (7) Services provided in a nursing facility, ICF/MR or day training and habilitation services center if the cost of speech-language pathology has been included in the facility's per diem.
- (8) Services provided by a speech-language pathologist other than the pathologist billing for the service, or a person completing the clinical fellowship year under the supervision of the pathologist, unless the pathologist provided the service as an employee of a rehabilitation agency, long-term care facility, outpatient hospital, clinic, or physician; in which case, the agency, facility or physician must bill for the service.
- (9) Services provided by an independently enrolled speech language pathologist who does not maintain an office at his or her own expense.
- (10) Services provided to dual eligibles by an independently enrolled speech language pathologist.

Coverage of **hearing (audiology) therapy services** is limited to:

- (1) Services provided upon written referral by a physician or other licensed practitioner of the healing arts within the scope of the practitioner's practice under state law.

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

- (2) Services provided by an independently enrolled audiologist who maintains an office at their own expense or an audiologist who is employed by and providing audiology services in a hospital, rehabilitation agency, home health agency, or clinic.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary at least once every 60 days by the attending physician or other licensed practitioner of the healing arts. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or physician's delegate as required by Medicare.
- (4) Restorative therapy provided to a recipient whose functional status is expected by the physician or other licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period.
- (5) For long term care recipients, services for which there is a statement in the clinical record every 30 days by the audiologist providing or supervising the services that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.
- (6) Services provided in the independent audiologist's own office, recipient's home, nursing facility, ICF/MR, or day training and habilitation services site.

Audiologist is defined as an individual who ~~has a certificate of clinical competence from the American Speech Language Hearing Association and meets the state licensure and registration requirements for the services the person provides~~ requirements in 42 CFR 440.110(c)(3).

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **hearing (audiology) therapy services** does not include:

- (1) Services that are not documented in the recipient's clinical record, even if the services were authorized by a physician.
- (2) Training or consultation provided by an audiologist to an agency, facility, or other institution.
- (3) Services provided by an audiologist other than the audiologist billing for the services, or a person completing the clinical fellowship year under the supervision of the audiologist, unless the audiologist provided the services in a hospital, rehabilitation agency, home health agency, or clinic, or as an employee of a physician or long-term care facility; in which case the contracting or employing facility, agency, or person must bill for the services.

Hearing aid services: After a physician rules out medical and surgical contraindications, the physician refers the recipient for an audiologic evaluation. An audiologist or otolaryngologist provides audiologic testing, and if a hearing aid is indicated, prescribes a specific hearing aid offered under the hearing aid volume purchase contract or refers the recipient to a hearing aid services provider.

Payment is made to hearing aid services providers for hearing aids, dispensing fees, hearing aid repairs, accessories, ear molds when not provided with the hearing aid and batteries.

Coverage of **hearing aids** is limited to:

- (1) One monaural or one set of binaural hearing aids within a period of five years unless prior authorized. A hearing aid will not be replaced when the recipient has received a replacement hearing aid twice within the five year period previous to the date of the request.
- (2) Non-contract hearing aids require prior authorization.

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **hearing aids** does not include:

- (1) Replacement batteries provided on a scheduled basis regardless of their actual need.
- (2) Services specified as part of the contract price when billed on a separate claim for payment. This includes any charges for repair of hearing aids under warranty.
- (3) Routine screening of individuals or groups for identification of hearing problems.
- (4) Separate reimbursement for postage, handling, taxes, mileage, or pick-up and delivery.
- (5) Nonelectronic hearing aids, telephone amplifiers, vibrating bed alarms, phone handsets, visual telephone ringers, swim molds, ear plugs, dry aid kits, and battery chargers.
- (6) Maintenance, cleaning, and checking of hearing aids, unless there has been a request or referral for the service by the person who owns the hearing aid, the person's family, guardian or attending physician.
- (7) Loaner hearing aid charges.
- (8) Canal type hearing aids.
- (9) A noncontract hearing aid that is obtained without prior authorization.
- (10) Services included in the dispensing fee when billed on a separate claim for payment.
- (11) Hearing aid services to a resident of a long-term care facility if the services did not result from a request by the resident, a referral by a registered nurse or licensed practical nurse who is employed by the long-term care facility, or a referral by the resident's family, guardian or attending physician.
- (12) Hearing aid services prescribed or ordered by physician if the physician or entity commits a felony listed in United States Code, title 42, section 1320a-7b, subject to the "safe harbor" exceptions listed in 42 CFR 1001.952.
- (13) Replacement of a lost, stolen or damaged hearing aid if MA has provided three hearing aids in the five years prior to the date of the request for a replacement.